MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/58/268
APPLICANT(S)

FILING DATE

AFTER
2 MAMENDMENT

IND. DEP.

		·		FORM			LAIN	AS AS				
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1"AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP
2		·						51				
$\frac{2}{3}$	· ·							52				
}								53				
_				<u></u>				54				
	l				}			55				
_					-			56			<u> </u>	
					·			57 58			ļI	
1			· ·					59				~
]								60				
								61				
╝								62				
[63				
4		[]						64				
4								65				
-								66				
								67				
								68				
				{}				69				
╣		 ∦						70				
								71				· · · · · · · · · · · · · · · · · · ·
-								72 73				
							1	74				
							1	75		}}		
								76				
						1	ı	77				
L							Ī	78				
Ł	<u></u>	·					1	79			· ·	
╬				}				80				
							Į.	81				
ŀ								82				
╬		}-					1	83				
╁							-	84		-		
7		 -		──			1	85				
╫		 -					-	86				
╫		 -					-	88		 -		
7							ŀ	89				{}
							-	90				
							r	91		 -		
								92				
			T					93				
								94				
-				[95				
_ -								96				
								97				
								98				
-								99				
<u> </u>		_					L	100				
ND.		₽		₽		₽	т	OTAL IND.		₽		₽
DEP			<	\Rightarrow	<	\Rightarrow	T	OTAL DEP.	<		<	; [
TAIL	15		180	930				TOTAL				15,09